

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

20496

1. PLACE OF DEATH

County Jackson Registration District No. 390
 Township Kew Primary Registration District No. 3900
 City Kansas City (No. 408) of Denver St. 5th Ward

2. FULL NAME

George P. Waters
 (a) Residence, No. 408 South Denver St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ester M. Waters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5-1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	43	4	9	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME George Waters

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sally Burns

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Esther Waters
(ADDRESS) 408 South Denver

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE 6-18 1934

19. UNDERTAKER Rose Henderson
(ADDRESS) 107 Jackson

20. FILED June 15, 1934 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 14th, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to June 14, 1934

I last saw him alive on June 14, 1934 Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

acute Dilatation of Heart
9562

Other contributory causes of importance:
Chronic Cardiac-Renal disease.

Name of operation none Date of
 What test confirmed diagnosis? Endoscope Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury, 19.....
 Where did injury occur? none
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify

(Signed) James E. Walker M. D.
 (Address) 1424 Professional Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr. Walter
Professional Bldg.

DE. 10.344